

Granting Year 2016

Washington County RAP Cultural Grant **Grant Report Form**

Grant Report Form MUST be completed and returned to the Washington County RAP Advisory Board c/o Cheyenne Bentley, Deputy County Clerk, (cheyenne.bentley@washco.utah.gov) 197 East Tabernacle St., St. George, UT 84770 or mailed to the same address prior to September 23, 2016.

mailed to the same address prior to September 23, 2016.			
Report for (check one):	General Support	Project Support	
Applicant/Organization:			
Mailing Address:			
E-mail Address:			
Contact Person:		Daytime Phone	
Address (if different from o	organization):		
Alternate Contact		Daytime Phone	
Project Title (if applicable):			
Project/Season Beginning	Date	Project/Season Ending Date	
Project Location			<u> </u>

PROJECT NARRATIVE

escription of Project (pleas	e be concise - What did you do? When? Where?) (Please limit response to less than 350-400 w
. , , ,	
w did your project differ f	rom what you proposed in your application? (Please limit response to 350-400 words.)

plan to continue this project? Yes No		
Will there be additional sources of funding other than those listed in the Budget Section (next page)? Yes No _ If so, please list: (Please limit response to less than 350-400 words.)		

Please give your honest evaluation of the project or organization. (Please limit response to less than 350-400 words.) (Things to consider: Should it reach more people? If it is a continuing project, is it still valuable? What are the project's strengths/weaknesses? Does the organization/program have a quality track record? Is the administrative management sound? Etc.)

Was Washington County RAP acknowledged for their support? (If so, please attach an example of the (Please limit response to less than 350-400 words.)	he acknowledgement.)
PROJECT BUDGET: CASH INCOME (Please use numbers only. Dollar signs, commas or decimals will	<u> </u>
Admissions: Provide in the space below description and rate(s) - include revenue from sale of admission, t	
memberships, etc.	·
	\$
Contracted Services Revenue: Provide description and rate(s), i.e. revenue derived from sale of services workshops, etc. to other community organizations, government contracts for specific services, performance tuition, etc.	
	\$
Other Revenue: Itemize source and amount(s), i.e. how many catalogs do you plan to sell and at what pric revenue derived from catalog sales, advertising space in programs, gift shop income, concessions, etc.	e each? Include
	\$

Private Support: Corporate, foundation or other pri	vate support for project. If possible, itemize s	source and amounts.
		\$
Government Support: Indicate specific agency or	source.	
Federal		\$
State/Regional		\$
Local support (please identify)		\$
Applicant Cash: Funds from accumulated resource	es or savings	\$
	Total Applic	cant Revenue \$
Grant Amount Requested from Washington Cou	inty RAP	\$
TOTAL INCOME (Total estimated revenue plus gra	nt amount requested)	\$
PROJECT BUDGET: CASH EXPENS	ES	
Personnel (i.e. payments for employee salaries, way		
Administrative	ges and benefits)	
	-	\$
Artistic	Number of positions	
Artistic Technical Production	Number of positions Number of positions	\$
Technical Production	Number of positions Number of positions	\$
Technical Production	Number of positions Number of positions	\$
Technical Production	Number of positions Number of positions	\$ \$
Technical Production	Number of positions Number of positions	\$ \$
	Number of positions Number of positions	\$ \$
Technical Production	Number of positions Number of positions	\$ \$

				\$
Remaii	ning Proje	ect Expenses		
	A.	Rentals:	\$	
	B.	Supplies/Materials:	\$	
	C.	Insurance:	\$	
	D.	Postage:	\$	
	E.	Other	\$	
			TOTAL OF ITEMS 1 - 5	\$
TOTA	AL EXP	ENSES		\$
IN-KI	ND SEI	RVICES (Please identify)		
				\$ \$
				\$
				\$
				\$
				\$
				\$

I/We certify that the foregoing information is true and correct and that all expenditures were incurred solely for the purpose of the above-mentioned grant.		
REPORTED BY:		
Name:	Title:	
Date:	Telephone:	
Signature:		